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DOCUMENT(S) FAXED: (MARKED WITH X) 3 PAGES ATTACHED

Re Applic of	LI, ET AL.
Docket No.	CHQ919980066US2
Serial No.	09/942,418
Filing Date	8/30/01
Attorney	LISA . U. JAKLITSCH

Document(s) Attached: - **RESPONSE TO RESTRICTION REQUIREMENT,  
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

## PLEASE DELIVER TO:

EXAMINER: Maurina Rachuba  
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INTERNATIONAL BUSINESS  
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Fax: 845-892-6363  
Phone: 845-894-3338

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

Sample Form (03-04)

In re Application of:

LI, ET AL.

Application No.

09/942,418

Filed:

8/30/01

Title:

AN INTERFACE DEVICE FOR STI/BPSG EPD AND REAL TIME CONTROL

Attorney Docket No.

CHQ919980066US2

Art Unit:


3723

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Lisa U. Jaklitsch	45,168

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

Name	IRA D. BLECKER		
Signature			
Registration Number	29,894	Date	June 22, 2005
		Telephone	845-894-2580

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

## CERTIFICATION OF FACSIMILE TRANSMISSION:

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